ne (p	14 /(	IRESIDENT-	- ECCTA	ELKO CON		
16	Address (include city and zip code)			(775) 753	- 2490	
tw	Address (include city and zip code)  Address  Address			Telephone No.		
iect A	Appropriate Box(es) [ CANDIDATE   PAC	BAG P	OL PRTY   INC	EXP NONPROF	IT CORP	
	[]AMENDED X ANN	NUAL FILING   PE	ETITIONERS WHO R EXPEND FUNDS	INITIATE/CIRCULATE F	PETITION & RECEIVE	
Ó	Annual Filing - Due January 15, 2006			[····		
_	Period: January 1, 2005 - December 31, 2005				E	
J	Report #1 — Due August 8, 2006* Period: Jan. 1, 2006 — Aug 3, 2006				2006	
3	Report #2 Due — October 31, 2006* Period: Aug. 4, 2006 — Oct. 26, 2006			JAN 1	3 2000	
	Report #3 Due — January 15, 2007*/** Period: Oct. 27, 2006 — Dec. 31, 2006		DEAN HELLER DECRETARY OF STATE			
	Annual Filing – Due January 15, 2007 Period: January 1, 2006 – December 31,	2006		FOR OF	FOR OFFICE USE ONLY	
• 1	These Reports are filed by incumbents/ca		g for office in t	he 2006 election cv	rcle	
	Third Report suffices for 2007 Annual Fili				Cumulative	
	CONTRIBUTIONS SUMMARY			This Period	From Beginning of Report Period #1 through End of This Reporting Period	
1.	. Total Monetary Contributions Received in Excess of (See page 1 of instruction sheet)	\$100		₹ 180.°°		
2.	. Total Monetary Contributions Received of \$100 or Le (See page 2 of instruction sheet)	ess		\$1,291,92		
3.	. Total Monetary Contributions in the form of loans grants. (See page 2 of instruction sheet)	uaranteed by a third		9		
4.	. Total Monetary Contributions in the form of loans the (See page 2 of instruction sheet)	at were forgiven		<b>→</b>		
		This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting			
5.	Total Amount of Monetary Contributions Received		Period #	11191 92		
6.	(Add Lines 1 through 4) (See pags 2 of instruction sheet) Total Amount of Written Commitments for Contributions (When commitment is funded, report as	et)		1 <u>H11.</u>		
	contribution (monetary or in kind)) (See page 2 of instruction sheet)	-0				
7.	Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	D		_		
		EXPENSES SUI	MMARY			
8.	Total Monetary Expenses Paid in Excess of \$100			\$ 200 00	1	
9.	(See page 2 of instruction sheet) Total Monetary Expenses Paid of \$100 or Less			<u>- 000.</u>		
10	(See page 2 of instruction sheet)  7. Total Amount of All Monetary Expenses Paid			# 00		
	(Add Lines 8 and 9) (See page 2 of instruction	sheet)	1	<del>4</del> 800 -		
	Total Value of In Kind Expenses in Excess     of \$100 (See page 3 of instruction sheet)	-0		_		
	2. Disposition of Unspent Contributions Only reported on Report #3 , Ar:nual Report or 15th	ı				
da	ay of the second month after candidates defeat or cumbent does not run for reelection)	SAVINGS	ACCT.			
	ee page 3 of instruction sheet)	GIREAT BASI	IN BANK	<u> </u>		
،ھىل	eclare-Under Penalty of Perjuny That the f	AFFIRMATIO				
-130	ociare United Femalty Of Femalty United the I	oregoing is Tru	e and Correct.	. /	/,	
	19 / Helen			1/10/	101	

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Revised: Sep-05

PAGE 1 OF 4

4.1	
Name	

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Office (if applicable)

District (if applicable)

## Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
YEULETA BRADIEY ELKO, NV	#15 / MONTH 24/TH DI= EACH MONTH	\$ <sub>15</sub> .20			
	MODELL			,	

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Name (print)

Office (if applicable)

District (if applicable)

## **Expense Categories**

	1
CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	l
Other miscellaneous expenses	J

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
NEA CHILDREN'S FUND 1201 16TH ST NW, STE. 420 WASHINGTON, D.C. 20036	J	July 4, 2005	#800 <del>.°°</del>

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